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N.J. BOARD OF DENTISTRY  
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STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF DENTISTRY

IN THE MATTER OF

**WILLIAM S. DITCHKUS , D.M.D.**  
License No. DI 10934

Administrative Action

CONSENT ORDER

LICENSED TO PRACTICE DENTISTRY  
IN THE STATE OF NEW JERSEY

This matter was opened to the New Jersey State Board of Dentistry ("Board") upon receipt of information that William S. Ditchkus, D.D.S. ("respondent"), had written prescriptions for non-dental purposes for himself and for family members and friends, including heart medications, Viagra, anti depressants, muscle relaxants, antibiotics for colds and respiratory infections, and pain medications. In addition, respondent failed to take action, despite notice that L.D., a former employee of his practice, had misappropriated his prescription pads and had written more than 1000 prescriptions for Percocet and antibiotics over a four year period. Respondent also directed L.D. to write prescriptions and sign respondent's name on prescription blanks for patients for whom prescriptions were legitimately written. Information available to the Board further revealed

**New Jersey State Board of Dentistry**  
**Application for Course Approval**  
(Please Type or Print Legibly)



124 Halsey Street . 6th Floor . Newark, NJ . 07101  
phone: 973.504.6405  
fax: 973.273.8075

The Board cannot assure approval for courses provided. Applications must be submitted at least 30 days prior to the course date.

**A separate form is to be used for each course.** A copy will be returned to you after approval or denial by the Board.

Dentist name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

The following course is designed to fulfill a part \_\_\_\_\_ / or all \_\_\_\_\_ of \_\_\_\_\_ hours required for:

a. incomplete general CE requirements \_\_\_\_\_ b. remediation CE in \_\_\_\_\_

Number of credit hours requested for this particular course: \_\_\_\_\_

Course Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Sponsor Phone Number: \_\_\_\_\_

Date(s) you will be attending course: \_\_\_\_\_

Time course begins and ends: \_\_\_\_\_

**Please attach a course brochure. (Required)**

**For Board use only**

Date: \_\_\_\_\_ Reviewed by CE Committee \_\_\_\_\_

Approved \_\_\_\_\_ for \_\_\_\_\_ hours in \_\_\_\_\_

Denied \_\_\_\_\_ Reason for Denial: \_\_\_\_\_